

This form may be completed online and mailed to the address below.

**HEALTH AND HUMAN SERVICES SYSTEM, REGULATION & LICENSURE  
CREDENTIALING DIVISION, NEBRASKA BOARD OF NURSING**

**PO Box 94986, 301 Centennial Mall South  
Lincoln NE 68509-4986  
Telephone: (402) 471-4376 FAX: (402) 471-1066**

**PART 1: To be Completed by the APPLICANT and forwarded to PRIMARY STATE OF RESIDENCE**

Name (Last, First, Middle, Maiden)		Previous Name (s)		
Current Address		City/State/Zip code		
Date of Birth (mo/day/yr)	Social Security Number	License #	Type (RN/LPN)	State
Name as it appears on original license (Last, First, Middle, Maiden)		Original State of Licensure		
Original License #	Type (RN/LPN)	Date Issued		

LIST ALL OTHER STATE OF LICENSURE:

State: _____	License # _____	Date Issued: _____
State: _____	License # _____	Date Issued: _____
State: _____	License # _____	Date Issued: _____
State: _____	License # _____	Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure date to the \_\_\_\_\_ Board of Nursing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: To be completed by the LICENSING BOARD and forwarded to the Nebraska Board of Nursing**

This is to certify that the above named individual was issued license number \_\_\_\_\_ Date issued \_\_\_\_\_  
To practice \_\_\_\_\_ Registered Nursing \_\_\_\_\_ Practical/Vocation Nursing \_\_\_\_\_

Licensed by: _____ Examination	Current status _____ Active
_____ Endorsement	_____ Inactive
_____ Waiver	_____ Lapsed
	_____ Expiration Date

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?

If Yes please explain \_\_\_\_\_

Nursing Education Program \_\_\_\_\_ Approved by State? \_\_\_\_\_

Location (state) \_\_\_\_\_ Graduation date \_\_\_\_\_

State Board Test Pool Exam						LP/VN	NCLEX-RN	NCLEX-PN
	Medical Nursing	Surgical Nursing	Obstetric Nursing	Pediatric Nursing	Psychiatric Nursing			
Score								
Series/ Form #								

State/Provincial Constructed Exam	Score _____	Number of times applicant wrote exam _____
CNATS Exam	_____	Exam in English? _____
Other (Please Explain)	_____	

SEAL

Signature \_\_\_\_\_

Title \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_